

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049019

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 282 Primary Registration District No. Registrar's No. 21

FILED DEC 31 1963

VS 300 Rev. 4/59	DATE AMENDED
0830	
0830	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>NORTH MOOR</b>		c. CITY OR TOWN <b>NORTH MOOR</b>	
Length of stay in 1b <b>12 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>R.R. #25 K.C. 50, MO</b>		d. STREET ADDRESS (If outside, give location) <b>R.R. #25-K.C 50 MO</b>	
3. NAME OF DECEASED (Type or print) <b>FRED LOUIS CLARK</b>		4. DATE OF DEATH Month <b>DEC.</b> Day <b>17</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-27-01</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>		11. BIRTHPLACE (City and state or country) <b>PERSIA, IOWA</b>	
13a. FATHER'S NAME <b>LOUIS CLARK</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCES L. CLARK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>FRANCES L. CLARK - R.R. 25 - K.C. 50 MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fulminating Pneumonia</b> DUE TO (b) <b>Infection</b> DUE TO (c) <b>Complicated by Emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1961</b> to <b>1963</b> and last saw him alive on <b>16 DEC 63</b> . Death occurred at <b>3: A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank J. ...</b>		22b. ADDRESS <b>Box 9051 K.C. 50 MO</b>	
22c. DATE SIGNED <b>18 DEC 63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-19-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EAST SHORE</b>	23d. LOCATION (City, town, or county) (State) <b>Riverside, MO.</b>
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons</b>		25. DATE RECD. BY LOCAL REG. <b>12-19-1963</b>	
ADDRESS <b>KAN. CITY</b>		26. REGISTRAR'S SIGNATURE <b>Elphira Rollins</b>	

(Licensed Embalmer's Statement on Reverse Side)

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Dr. Jones

95 8 1 1911

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Marion D. Preston

Licensed Embalmer No. 5040

P. O. Address

Mo. Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.